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Commonwealth of Kentucky Department of Insurance Agent Licensing Division PO Box 517, Frankfort, KY 40602-0517 502-564-6004 http://insurance.ky.gov

CONTINUING EDUCATION CERTIFICATE OF COMPLETION RENTAL VEHICLE MANAGING EMPLOYEE

RENTAL VEHICLE AGENT: Name of Rental Vehicle Business Holding License Department of Insurance or Federal Employer Identification Number	RENTAL VEHICLE MANAGING EMPLOYEE										
MANAGING EMPLOYEE: Licensed Rental Vehicle Managing Employee Name Department of Insurance or Social Security Number	RENTAL VEHICLE AGENT:						ID Number:				
Course Title Course Course Completion Date Course Employee Provider Name Provider Course Instructor Name Course Instructor Name Course Instructor Name Provider Course Instructor Name Course			Name of Rental	Vehicle Business Hold	ling License		Department of Insurance or Federal Employer Identification Number				
Course Title Course Title Course Number Course Employee Provider Name Course Instructor Name Provider Course Instructor Name Course Instructor Name Provider Name Course Instructor Name Course In							ID Number:				
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Course Title Course Title Course Title Course Title Date Earned by Managing Employee Provider Name Provider Name Course Instructor Name Course Instructor Name Provider Name Course Instructor Name Course Instruc		COURSE INFORMATION					COURSE PROVIDER INFORMATION				
2 Signature Title Date Signature		Course Title		Completion	Earned by Managing	Pre	ovider Name	Certification	Course Instructor Name		
3 Gertification of Licensed Rental Vehicle Agent (Rental Vehicle Business Holding License) As the authorized representative of the Rental Vehicle Agent, I certify that the licensed Managing Employee listed on this form has received the continuing education required by KRS 304 Subtitle 9 and 806 KAR 9:265 for each continuing education biennium. Further, I acknowledge that the Rental Vehicle Agent is required to maintain for at least 5 years the documentation verifying that this information is true and correct. Signature Title Date D											
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							Signature		Date		
Telephone Number: E-mail Address:											
	Tele	phone Number:	_ E-mail Address: _								

^{*} Each continuing education biennium begins on your license date and ends at the last day of your birth month, next odd or even year depending on your birth year, pursuant to KRS 304.9-295.